FORM D

UNITED STATES
SECURITIES AND EXCHANGE CONTAINSSION
Washington, D.C. 19549

FORM D

SEP - 5 2003

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:	May 31, 2005				
Estimated avera	age burden				
hours per respo	nse16.00				

SEC USE ONLY				
Prefix	Serial			
DATE R	CEIVED			
1	1			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Series B Preferred Stock						
Filing Under (Check box(es) that apply): Rule 504 X Rule 505 Rule 506 Section 4(6)	T ULOE					
Type of Filing: X New Filing Amendment						
A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)						
CataList Homes Inc.	03030096					
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
2601 Pacific Coast Hwy., Hermosa Beach, CA 90245	(310) 376-5125					
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)						
Brief Description of Business						
Residential Real Estate Brokerage	PROCESSED I					
Type of Business Organization	lease specify) SEP 08 2003					
	lease specify):					
business trust limited partnership, to be formed	THOMSON					
Month Year	FINANCIAL					
Actual or Estimated Date of Incorporation or Organization: DB DD X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)						
The state of the s	_ 13 51					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
M&M Venture Partners, LLC, a Delaware limited liability company Business or Residence Address (Number and Street, City, State, Zip Code)
2626 Hanover Street, Palo Alto, CA 94304
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
bainlab, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code)
Two Copley Place, Boston, MA 02006
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Davin, Michael J. Business or Residence Address (Number and Street, City, State, Zip Code)
2601 Pacific Coast Highway, Suite 302, Hermosa Beach, CA 90274
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Harbor Investors, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o bainlab, Inc., Two Copley Place, Boston, MA 02006
Check Box(es) that Apply: Promoter Deneficial Owner Description Director General and/or Managing Partner
Full Name (Last name first, if individual)
Ellis, Harold A.
Business or Residence Address (Number and Street, City, State, Zip Code)
111 Sutter Street, Suite 800, San Francisco, CA 94104
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Brahm, Christopher Business or Residence Address (Number and Street, City, State, Zip Code)
360 Hazelwood Avenue, San Francisco, CA 94127
Check Box(es) that Apply: Promoter \(\overline{\cappa} \) Beneficial Owner \(\overline{\cappa} \) Executive Officer \(\overline{\cappa} \) Director \(\overline{\cappa} \) General and/or Managing Partner
Full Name (Last name first, if individual)
Rain & Company
Bain & Company Business or Residence Address (Number and Street, City, State, Zip Code)
Two Copley Place, Boston, MA 02006 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)
(Con attention of soft and non and interest of this should be incommentally

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) The Angels' Forum 60, LLC Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 1605, Los Altos, CA 94023 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. 1	NFORMATI	ION ABOU	T OFFER	ING					
	1141					.11 44	4:4 . 4 :		- 41 : - CC :			Yes	No	
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							X						
2	Whatia	tha minima	um investm			epted from a		-				e 1 C	010	
2.	what is	the minim	ani mvesti.	iciii tiiat w	ni de acce	epteu nom a	my marvic	iuai?	****************	••••••		\$ <u>1,8</u> Yes		
3.	Does th	e offering p	ermit joint	ownershi	p of a sing	gle unit?			***************************************			X X	No □	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering													
						ent of a brok								
						ore than five				ciated pers	ons of such	l		
Ent		Last name f			mormat	ion for that		dealer on	<u>у.</u>					
		es & Co											•	
					Street, C	ity, State, Z	ip Code)							
					10th	Floor,	Los Ang	geles,	CA 90	025				
Nar	ne of Ass	sociated Bro	oker or Dea	aler										
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intend	s to Solicit I	Purchasers							
	(Check	"All States"	" or check	individual	States)	•••		•••••	•••••••	***************************************		All States		
	AL	AK	AZ	AR	CA	cer	CP	DE	[DC]	[EE]	GA	HI	ĪD	
	W	ĪN	IA	KS	KY	LA	ME	MED	MA	ML	MAN	MS	MO	
	MT	NE	NV	NH	NJ	NM	MY	NC	ND	OF	OK	OR	PA	
	RI	SC	SD	TN	TX.	UT	VT	VA	WA	\overline{WV}	WI	WY	PR	
Ful	l Name (l	Last name f	īrst, if indi	vidual)			·····		-					
		rbor Pa												
						City, State, 2		612						
		sociated Br			55, Ua	kland,	UA 940	012						
1 (41	01 115	Joviana Bi												
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intend	s to Solicit l	Purchasers							
	(Check	"All States	" or check	individual	States)		······································				••••••	☐ Al	1 States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Ful	l Name (Last name 1	first, if indi	vidual)							····			
		& Mont												
						City, State, 2								
110 Mar West Street, Suite D, Tiburon, CA 94920 Name of Associated Broker or Dealer														
Name of Associated Blokel of Dealer														
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)							☐ AI	1 States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
		IN]	IA	KS	KY	LA	ME	·MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	UT	NY VT	NC VA	ND WA	OH WV	(OK) (WI)	OR WY	PA PR	
		[30]	الات			(OI)	لثث	14	(1 T T L	(** ¥.)	<u> </u>	<u> </u>	لخييا	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$	\$
	Equity	<u>2,000,000</u>	\$1.700,000
	Common X Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	2,000,000	<u>\$1,700,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>\$1,700,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$0-
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		· .
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$60,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$90,000
	Other Expenses (identify)	_	\$
	Tatal	- -	\$150,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$1,850,000
; .	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ 330,000	□\$ <u>764,719</u>
	Purchase of real estate] \$	\$
	Purchase, rental or leasing and installation of machinery and equipment] \$	\$_30,000
	Construction or leasing of plant buildings and facilities] \$	<u></u> \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	1\$	□\$
	Repayment of indebtedness		
	Working capital	_	
	Other (specify):		
٠]\$	
	Column Totals	\$330,000	\[\\$\frac{1,470,000}{}
	Total Payments Listed (column totals added)	-	000,000
	D. FEDERAL SIGNATURE		THE OF THE
igr	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Reference of the contraction of the contracti	ion, upon writter	
ssı	uer (Print or Type) Signature D	ate	
		August 15,	2003
Var	me of Signer (Print or Type) Title of Signer (Print or Type)		
]	Harold A. Ellis Chief Executive Officer		

- ATTENTION -